

Opening Remarks at the  
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Global Change and Health

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Good morning, ladies and gentlemen, friends and colleagues. It is an honour to take part in this very timely conference—and a pleasure to be with you today.

I have been asked to present a short progress report on Canada's Global Health Research Initiative, and I am pleased to do so.

But first, I want to salute all of you. Whether as scholars or practitioners, or members of the policy community, you are working to correct one of the most grotesque injustices of our age—the systematic and lethal inequalities of health and health care that are imposed on the most vulnerable people on Earth.

I will not belabour the dimensions of these inequalities. You have been pioneers in understanding them—and in mobilizing effective remedies. Many of you are conducting the necessary research that is illuminating the problem, and demonstrating the solutions.

Still, it remains a lamentable fact: The health of poor people—especially the poor of developing countries—receives nothing like a rational or fair share of the total global investment in health research.

Hard and reliable numbers are scarce. But the overall picture is clear. Most current health research will benefit the poorest and otherwise most vulnerable people only coincidentally, if at all.

Consider just two of the indicators. Something like 90 per cent of health-related journals are produced in only 20 countries. And only a tiny fraction of peer-reviewed health-research articles address the most urgent issues for developing countries—issues of public health, social welfare, or health-care effectiveness.

Such figures will not surprise anyone in this room. Indeed, the mismatch between current spending on health research and the actual needs of the world's population is the subject of much of your work here this week.

If correcting global inequalities in health and health *care* is a global imperative, correcting the global mismatch in health *research* is an imperative just as commanding, and just as urgent. The Global Health Research Initiative, GHRI, represents a modest but important response to that pressing need.

As most of you probably know, the GHRI was created in 2001 by its four founding partners—the Canadian International Development Agency; the Canadian Institutes of Health Research; Health Canada; and my own organization, the International Development Research Centre. GHRI exists to promote health research in developing and middle-income countries, in part by coordinating the efforts of its partner institutions.

I can report that our experience in GHRI has taught us again that achieving effective cooperation across several departments and agencies, across governments, and among researchers and practitioners around the world, calls for patience, persistence, invention—and abundant reserves of good humour.

But experience also proves that the rewards of innovative cooperation are compelling. In fact, it must be said that all the big challenges in reforming global health conditions—and all the big opportunities—demand new and creative efforts at overcoming the old divisions of academic disciplines and government departments.

In short, delivering better health services to the most vulnerable people and communities requires us all to create new alliances among researchers, practitioners, administrators, policymakers, and many others.

This is certainly the dominating theme, for example, in the work of the Commission on Social Determinants of Health, established by the World Health Organization. The nine knowledge networks informing the Commission's deliberations themselves reflect the merging of old categories into new priorities. Those networks are examining health through early childhood development, employment, urbanization, and gender, among other dynamics.

GHRI's own programs of support for health research reflect similar priorities—and the same commitment to approaches that transcend discipline and jurisdiction.

These approaches are captured in a quick outline of the 13 Teasdale-Corti Team Grants, awarded by GHRI in March this year. The Teasdale-Corti Health Research Partnership Program aims specifically at the integration of health knowledge through applied research for policy and practice. And it is the centrepiece of GHRI funding allocations.

These 13 Team Grants will provide about \$20 million over four years, to teams that bring together researchers, practitioners, policymakers and citizen participants. Canadian researchers are contributing members of all the teams.

Three of the most wide-ranging grants explicitly address questions of vulnerability and equality of access and equity in health-service delivery—particularly with respect to primary health care.

Two other projects target the special urgency of HIV/AIDS in vulnerable populations. One of these looks to strengthen the capacity of nurses to prevent and treat HIV/AIDS in sub-Saharan Africa and the Caribbean. The other will examine interventions to protect vulnerable communities in Shanghai.

Two teams are exploring connections between health and local environments. One is studying threats in water-borne and food-borne illnesses. Another is working on linkages between land use and health among small-scale farmers in the humid tropics—the menace of mercury exposure, to name one.

At least two of the grants will support research into children's health. Childhood obesity in Mexico is the subject of one project; it recognizes the phenomenon of rising rates of chronic disease in countries progressing from developing to middle-income status. A second project, in Thailand, is constructing a community of practice with standards for pediatric pain management—again, acknowledging the specific, and too often neglected, needs and vulnerabilities of children.

Still other projects are focusing on mental health among the vulnerable. One multinational project, embracing teams from Peru and Guatemala, Nepal and Sri Lanka, is exploring mental health in the context of political violence and natural disasters. Another, in Chile, is analyzing work-related mental health—and health protection—as experienced differently by men and women.

And two of the projects give specific attention to infectious diseases in developing countries. One is working on the connections between veterinary health and human health—an acknowledgment that fully three-quarters of emerging infectious diseases have arisen from animals. The other of these two projects aims at building capacity in Honduras, for integrated research to inform policy-making and community action against the whole array of infectious diseases.

For all their diversity, these research enterprises nonetheless share crucial attributes. They all demand trans-disciplinary collaborations. They address issues not only of science but of policy and practice. And they invariably summon us to remedies that require political engagement and organizational leadership at every stage of research, policy decision and program execution.

To conclude, I simply want to commend all of you. In your work, we are beginning to correct the inequalities of health and health care suffered by the most vulnerable among us. In strong research, we empower people with the knowledge to redress the injustice of those inequalities.

Thank you.